

NQMC RFP Questions and Answers

Question 29: Regarding page 12, Section C-6.2.2: Is Primary Source Verification required for credentialing of physician reviewers?

Response 29: No.

Question 30: Regarding page 15, Section C-6.4.1: What Inter-Qual products are required for review of medical, surgical, and mental health cases?

Response 30: While specific products are not specified in the RFP, the NQMC will be required to review all cases selected by TMA. The NQMC will need to acquire all InterQual criteria sets in order to perform the scope of work.

Question 31: Regarding page 15, Section C-6.4.8: If the selected case is covered by DRG-based payment system, or SNF Prospective Payment System based on RUGs, is the NQMC still required to put the medical record through all the screens IF the diagnostic and procedural information, discharge status, resident assessment match the information in the medical record?

Response 31: Yes, the NQMC will be required to put the medical record through all screens.

Question 32: Regarding page 15, Section C-6.4.8.1: Would it be possible to have access to, or view a snapshot of, the RAVEN software used to determine RUGs?

Response 32: RAVEN software is available at <http://cms.hhs.gov/medicaid/mds20/raven.asp>.

Question 33: Regarding page 15, Section C-6.4.8.1: Is ASAM the only criteria that can be used for mental health and substance abuse?

Response 33: ASAM is the only criteria that can be used for substance abuse. InterQual, not ASAM, is used for mental health.

Question 34: Regarding page 16, Section C-6.4.11: (1) Is the NQMC to provide one overall report of sufficient detail that the MCSCs and DPs can find, understand, and respond to any concerns relating to them within the 45 day period? Or, will the NQMC also be required to provide individual notification to the MCSCs and DPs (by letter, e-mail, phone call, etc.) that there is a concern? (2) When a determination of the disagreement has been made by the NQMC, is the NQMC required to notify the MCSCs and DPs of the outcome individually (by letter, e-mail, phone call, etc.)?

Response 34: The NQMC will provide a single report with the appropriate sections being sent to specific MCSCs and DPs, consistent with the instructions in Section F-7.2.1; on a monthly basis, there is no requirement to send individual notices. When a

final determination of a disagreement is made, the NQMC will notify TMA only, consistent with Section F-7.2.1.

Question 35: Regarding page 17, Section C-6.8 and Attachment J-6 (pp. 2-3): Is the physician reviewer required to be on-site at TMA (in Colorado) for the internal peer review cases?

Response 35: There is no requirement specifying that the physician reviewer must be on-site at TMA. There are three options for conducting internal reviews: conducted on-site, conducted via telephone, or conducted via VTC.

Question 36: Regarding page 15, Section C-6.4.8.1: Is it the correct understanding that C-6.4.8.1 is referring to only two different software products: (1) TRICARE DRG Grouper – developed by Health Information Systems, 3M Health Care, and (2) Resident Assessment Validation and Entry (RAVEN) System, produced by CMS? Given TMA changes and the conversion to T-NEX, what role is the NQMC expected to play in any policy updates/revisions/conversions among the health care regions?

Response 36: Yes, Grouper and RAVEN are the only software products specified in section C-6.4.8.1. It is not expected that the NQMC will play any role in policy updates, revisions, or conversions among the health care regions.

Question 37: The RFP makes reference to a six month “base period.” Is the purpose/scope of this period limited solely to project set up and the CLINs under 0001 and 0002? In other words, is it true that the contractor will not receive nor be required to perform any case reviews until month 7? If not, please indicate when reviews would commence and in what estimated volumes.

Response 37: Yes, the NQMC will not be required to perform any case reviews prior to month 7.

Question 38: The TMA web site has a Question/Answer section that includes a large number of responses related to TMA’s draft RFP. What bearing do the responses to questions on the draft RFP have to the final/issued RFP? We recommend that TMA either state that the questions/answers have no bearing, or specifically identify those question/answer sets that do bear on the RFP.

Response 38: The responses to the questions on the draft requirements list were largely specific to that document, and changes made to the draft requirements list as a result of those comments and dialog resulted in the RFP that was released. Any questions that remain now that the RFP has been released should be submitted as soon as possible. TMA is not planning on reviewing and updating the responses to the draft requirements list that have already been posted.

Question 39: Please define the unit “LT” on the Supplies and Services schedule.

Response 39: “LT” indicates “lot”. The CLIN description included with Section B provides additional information.

Question 40: Regarding Section L-13.9.2: Assuming there is a prime bidder and one first tier subcontractor, is the total number of accounts to be reported on 8 (5 mandatory plus 3 additional)? Or is the total 16 (8 each for the prime and subcontractor)?

Response 40: Section L-13.9.2.1 describes required information for gross revenue accounts. The prime and first tier subcontractors are each required to provide data on the 5 top accounts based on gross revenues; the prime and first tier subcontractors may submit 3 additional accounts if they are believed to demonstrate capability to perform the required services. In the commenter’s example, there would be 10 required accounts, but as many as 16 if both the prime and the first tier subcontractor each provided 3 additional (optional) accounts.

Question 41: Regarding Section L-13.9.2: Please confirm that the accounts to be reported on, based on gross revenue, are accounts relevant to the [NQMC] scope of work, as opposed to all accounts of the bidder.

Response 41: Gross revenue accounts are based on that – gross revenue. Section L-13.9.2.1 also allows for the prime and subcontractor(s) to submit an additional three accounts that are believed to demonstrate capability to perform the required services.

Question 42: Regarding Section L-15: Is there a requirement for a specific percentage set aside to small or disadvantaged businesses?

Response 42: No. However, the Government will review the Prime Contractor’s success in meeting any past goals that it set in its own business plan.

Question 43: Regarding Section L-15: What role, if any, will the specified amount (percentage) of identified and committed small business subcontracts play in proposal evaluation?

Response 43: The Government does not evaluate the percentage of small business subcontracts the offeror proposed, but does consider the success that the Prime Contractor has had in achieving its business plan goals. It is not whether the Prime Contractor proposes goals of 10% or 90%, but the success that the Prime has in meeting its goals.

Question 44: Regarding Attachments J-2, J-3 and J-4: Changes by TMA in these data formats during the contract term will cause the contractor additional, out of scope, work. Does TMA commit that these formats will not change during the contract term? Are there (likely) changes that TMA can anticipate and describe?

Response 44: TMA is not anticipating any changes, and has made a commitment to work with the NQMC if there are any changes, but TMA cannot equivocally state that

these formats will not change during the term of this contract. See Section C-6.4.10, where TMA commits that the data fields will remain largely unchanged. It should be noted, however, that data format changes would be considered to be within scope.

Question 45: Regarding Section C-6.4: The referenced TMA policies address hard copy records management and imaging. Does TMA have a preference that the contract use a record imaging system vs. management of hard copy records?

Response 45: The requirements in Section C-6.2.4 reference 36 CFR 122.48 and Chapter 2 of the OPM and TOM. TMA does not specify a records imaging system.

Question 46: Regarding Section C-6.4: The referenced TMA policies permit the storage of certain classes of records which appear to be records generated under the contract at the Federal Records Center. Does TMA [wish] to further specify which records, if any, may be stored at the RTC? Is it correct that the contractor is responsible for costs of preparing and shipping records to the RTC, but bears no cost (bill) from the RTC for storage?

Response 46: It is assumed that the reference to “RTC” is actually the Federal Records Center (FRC), and this response is based on that assumption. Chapter 2 of the TOM does not refer to “RTC”, but does refer to the FRC. Section C-6.2.4 refers to records management. TMA does not wish to further specify which records may be stored at the FRC. The NQMC will be responsible for any costs associated with preparing and shipping records to the FRC, but will not be responsible for the cost of storing records at the FRC.

Question 47: Regarding Section C-6.4: The proportion of cases ([CLIN] 1001 and 1002) which fail screens and require physician, or other professional, review is a significant variable in cost. Can TMA provide: (1) the proportion of cases which TMA estimates will require MD review and/or (2) by year for the current NQMC contract, the proportion of cases which failed [screens]. The characteristics of the case file, not the performance of the contractor, should dictate the proportion of cases requiring physician review. We recommend that TMA provide separate CLIN for 1st level (nursing) vs. 2nd level (physician) review.

Response 47: The current NQMC is not required to report this information. However, the most recent semi-annual report from the current NQMC reported that 21.6% of the cases reviewed had potential concerns. TMA does not intend to provide separate CLINs for 1st level and 2nd level reviews, but does allow additional time for cases that require 2nd level review.

Question 48: Regarding Section C-6.5: The RFP requires application of “InterQual... and ASAM criteria.” InterQual licenses a variety of criteria sets and versions. Please provide technical specification for each InterQual and ASAM criteria set the Contractor is to apply.

Response 48: While specific products are not specified in the RFP, the NQMC will be required to review all cases selected by TMA. The NQMC will need to acquire all InterQual and ASAM criteria sets in order to perform the scope of work.

Question 49: Regarding Section C-6.5: Regarding reporting findings from these reviews, is there a specific format which TMA requires? Can TMA provide an example or format of a completed review under the current contract?

Response 49: TMA does not specify a format for this report.

Question 50: Regarding Sections C-6.6, C-6.7, and C-6.8: We read these sections to require that for each of these types of review a physician or other appropriate provider must render the review. In other words, there is not a preliminary screening review by a nurse, which may, or may not, lead to a physician or practitioner review. Please confirm that 100% of these cases require a physician or practitioner review.

Response 50: The cases identified in Sections C-6.6, C-6.7, and C-6.8 do not require preliminary screening review by a nurse. All (100 percent) of these cases do require physician or other health care practitioner review.

Question 51: Regarding Sections C-6.6, C-6.7, and C-6.8: These RFP sections do not reference InterQual or ASAM criteria. Since these cases (appear to) require a practitioner review, use of InterQual or ASAM criteria would not appear relevant or required (these criteria are “screening” criteria designed to identify cases for which physician review is necessary). Please confirm that the task of applying InterQual or ASAM criteria is not required for these reviews. If the use of criteria is required, please specify and explain the intent of use of the criteria.

Response 51: InterQual and ASAM are not required for the cases identified in Sections C-6.6, C-6.7, and C-6.8.

Question 52: Regarding Sections C-6.6, C-6.7, and C-6.8: Regarding reporting findings from these reviews, is there a specific format which TMA requires? Can TMA provide an example or format of a completed review under the current contract?

Response 52: The Government is open to all formats; therefore, no specific format will be provided.

Question 53: Regarding Section C-6.4.11: Will TMA provide the contractor with data that specifies and characterizes the sample (frames) from which cases selected for contractor review are drawn, and the specifications for sample selection? It appears that the data on which analysis would be undertaken is limited to the cases submitted by TMA to the contractor, inclusive of data developed by the contractor in case review and data provided for each case, per the data format attachments to the RFP. Is this correct? While this data set may be rich, it is likely not representative of any given population.

Conversely, will TMA provide the Contractor with access to other and broader sources of utilization and encounter data (i.e., data pertaining to general TriCare population utilization, as opposed to only the case files developed under this contract). If so, will TMA specify the data sets available to the contractor?

Response 53: The data on which the analysis will be undertaken is limited to the cases submitted by TMA. The requirement is to perform an analysis on the cases that are provided for review.

Question 54: Regarding Section C-6.4.14: The RFP requires the contractor to “analyze patterns, trends and variations among the Health Services Regions.” Per the question above, is it TMA’s intent that this analysis should be based upon (restricted to) data related to cases submitted by TMA to the contractor for the various forms of appropriateness or quality review? Conversely, a more common understanding of this requirement might be that TMA expects a comparative regional analysis which is based upon the total enrolled population in each region, rather than a sample reflected in the (sampled) case records. If this broader form of analysis is contemplated by TMA, [then] what sources of (electronic) enrollment, claims and encounter data will be made available to the contractor?

Response 54: The data on which the analysis will be undertaken is limited to the cases submitted by TMA. The requirement is to perform an analysis on the cases that are provided for review. If there is a need for additional data, it is possible that TMA would be able to provide it, but it is not anticipated that that will be the case.

Question 55: Regarding Section C-6.6: Cases submitted to the Contractor under this task might be limited to a single patient (complaint), per subject physician, or, could a “case” might (sic) consist of allegations of many patients against the same doctor. The number of patients per allegation will greatly expand the effort and cost for this task. TMA indicates (C-6.6.1) that where a second specialist is required, it will constitute a separate review. However, if a “case” consists of allegations of multiple patients, hence multiple sets of records for review, will TMA define each separate patient allegation as a separate case? If TMA will not define separate patient allegations as a separate case, will TMA provide an estimate of the number of patients or encounters (and associated records) included within a case?

Response 55: Malpractice cases that the NQMC may be asked to review will involve a single patient.

Question 56: Regarding Section C-6.9: Attachment J-8 , Section 4.1, references [TRICARE] standards that do not appear to be attached, nor is reference given to a corresponding manual. E.G., “Refer to [TRICARE] Standard I.B” Please provide the standards or specify an immediately accessible source of these standards.

Response 56: The referenced standards are for RTCs, PHPs, and SUDRFs, as contained in the TRICARE Policy Manual or TRICARE Reimbursement Manual, and can be accessed through these manuals on the TMA website.

Question 57: Regarding Section L-13.6: The outline and list of topics does not appear to correspond directly to the CLINs nor to the Scope of Work Tasks. A number of key topics appear to be omitted from the Oral Presentation Topics list, such as:

- Records management, privacy and security (we recognize this is part of the written proposal)
- Malpractice reviews
- Reconsiderations/appeals
- Internal, Urgent and Routine External Reviews
- Focused studies.

Likewise, some of these topics not specified in the Oral Topic List are also not specifically noted in the evaluation factors. Please specify for each of the (omitted) scope of work items listed above how the bidder should address the topics within the Oral presentation: (1) Do not address the topic (2) Address the topic, but within the Oral Topic outline (3) Address the topic as a separate item.

Response 57: The Government's intention is that the successful offeror will be responsible for all of the Section C requirements. The Government has determined, however, that it will not evaluate all requirements of Section C, and is only requiring that offerors submit, for evaluation purposes, information on those areas specified in Sections L and M. Consequently, while the contractor will be required to perform to the Statement of Work (Section C), the proposals should be prepared consistent with the instructions specified in Section L. The proposals will be evaluated consistent with Section M. If a specific topic, such as focused studies, is not listed in the evaluation factors, that topic does not need to be addressed in the oral presentation and will not be evaluated. However, the offeror will have to commit to performing all required work. Specifically, Section L-13.7.1.2 states that the submission of a proposal will be deemed by the Government as the offeror's commitment to perform at least at the required standards.

It must be recognized that some areas are indeed being assessed by the Government at a higher level than indicated by the commenter's questions. For example, timeliness standards will be imposed on the contractor, although there is no specific evaluation factor for this requirement. However, the offeror's integration of its Internal Quality Management Program will be evaluated in order to ensure accuracy and timeliness consistent with Section M-8.1.4.2 (see also L-13.6.3.2); in this way, timeliness will be evaluated. Offerors are advised to carefully read and understand Sections L and M; some evaluation criteria apply to single or multiple portions of Section C paragraphs.

Question 58: For Reconsideration cases and Malpractice cases, we understand that the reviewer needs to be a peer of the provider who rendered the services (for example, a Nurse Practitioner would review a Nurse Practitioner's case). In addition to historical data regarding the volume of cases, please provide statistical data that breaks the cases into the specific provider types (physician versus non-physician). Also, please provide data on the volume of cases for various non-physician provider types, such as how many cases have been related to services by psychologists, nurse practitioners, nurse mid-wives, etc.

Response 58: The historical data available has already been provided as Attachments L-1, L-2 and L-6. Attachment L-6 provides specific case selection types by category. The requirement is for the NQMC to provide reviewers of all categories, consistent with Sections C-6.1.1 and C-6.1.2 of this RFP. Specific provider types for cases are not available.

Question 59: Section L-13.9.2.5 requires the offeror to submit the top three terminated and/or not renewed accounts. Please clarify if these are any terminated/not renewed accounts or those terminated/not renewed for cause. Section L-13.9.2.5 requires the offeror to submit the top three terminated and/or not renewed accounts. Please clarify if we are to include only terminated/not renewed accounts for cause or all terminated accounts.

Response 59: The requirement does not consider whether accounts were terminated or not renewed for cause; it applies to all terminated or not renewed accounts. Therefore, the Government is requiring information on the top three (based on gross revenue) terminated accounts and the top three accounts not renewed. Additionally, if the offeror is engaged in Government business, the offeror will also submit information on the top three Government accounts (based on gross revenues) terminated or not renewed.

Question 60: L-13.9.2.7 requires the offeror to submit final reports/findings. Please confirm whether the reports are for the top five accounts and terminated/not renewed accounts.

Response 60: The required reports/findings are for **ALL** reports or findings, issued as final, for all state, local, and federal governing or regulatory/licensing bodies. This requirement has no bearing on terminated or accounts not renewed.